

DEPARTMENT OF COMMUNITY DEVELOPMENT & PLANNING

**CERTIFICATION OF SEWER INSTALLATION/
SEPTIC SYSTEM ABANDONMENT**

I _____, Andover Licensed Drain Layer

(License # _____ hereby certify that I have installed a Sewer Connection at

_____, Andover, MA 01810,

in compliance with the Town of Andover Board of Health regulation “Minimum

Requirements For the Utilization of Sanitary Sewerage Systems.” I further certify

that I have performed work to abandon the Existing Septic System in full

accordance with the provisions of 310 CMR 15.354 (3)(a)(b)(c), Title V, the State

Environmental Code.

Date

Licensed Drain Layer

Drain Layer License #